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1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cambodia

The Executive Director recommends that the Executive Board approve the country programme of Cambodia for the period 1992 in the amount of $3,000,000 from general resources, subject to the availability of funds, and $9,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
The situation of children and women	2
Programme cooperation, 1990-1991	3
Recommended programme cooperation, 1992	8

List of tables

1.	Basic statistics on children and women	14
2.	Expenditure under previous cooperation period, 1990	16
3.	Planned expenditure, 1992	17
4.	Staffing from budget and programme funds	18

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. Life in Cambodia in the past year has been characterized by a sense of hope, as well as anxiety, for 8 million Cambodians both inside and outside the country's borders. During the past few months, discussions towards achieving a comprehensive solution to the country's political problems appear to be moving to a successful conclusion. Current proposals call for a key role for the United Nations in the interim phase, as well as a significant effort by the entire United Nations system to promote rehabilitation and reconstruction. UNICEF has been actively supporting both this effort, including the provision of extensive logistical support to the Secretary-General's missions, and the effort to develop rehabilitation and reconstruction plans in the post-settlement period.

2. Even as a political settlement grows more likely, however, armed conflicts have recently escalated and entire regions have been destabilized. Massive migrations have taken place within the country and living conditions in many areas are appalling. About 110,000 people were displaced as of November 1990. Food and other relief aid are slow to reach the people because of security factors, bureaucratic bottlenecks and the lack of a coordinating mechanism.

3. The Phnom Penh authorities have shown a strong commitment to the social sector. However, they are now confronted with enormous problems of security and survival, and some social services that used to be provided free are now only available to those willing to pay. Moreover, economic and technical assistance from traditional donors has been greatly reduced and, in some cases, entirely withdrawn, causing a severe economic crisis among the most vulnerable segments of the population.

4. In 1990, the most savage dengue haemorrhagic fever epidemic in the last 40 years reached crisis levels at Phnom Penh. The epidemic attained high endemicity at Phnom Penh because of the progressive deterioration caused by overcrowding, with an average of 900 children per month hospitalized at the National Paediatric Hospital during the peak period between June and September. UNICEF supported prevention activities through the provision of blood bags, and participated in epidemiological investigations. An ad hoc group of decision makers has been convened by UNICEF to develop community-based environmental protection in urban areas where the disease has been most prevalent.

5. Finally, lower-than-average rainfall in 1990 threatens the agricultural output of a number of food-growing provinces (Kampong Speu, Kampot, Takeo, Prey Veng and Svay Rieng). Free fertilizer, which used to be provided by bilateral donor countries, is no longer available, and the rice yield for 1991 is jeopardized.

6. The situation of children and women remains unchanged. The infant mortality rate is estimated at 127 per 1,000 live births and the under-five mortality rate at 200 per 1,000 live births. Causes of early infant deaths

are neonatal tetanus, measles, diarrhoea and acute respiratory infections (ARI). Child morbidity is caused by diarrhoeal diseases, protein-calorie malnutrition, ARI, dengue haemorrhagic fever and malaria.

7. The maternal mortality rate remains one of the highest in the world, estimated at 900 per 100,000 live births. The leading causes of maternal mortality are believed to be complications stemming from abortion. Because of war and the consequent change in the demographic structure, 64 per cent of the adult population are women and 35 per cent of households are headed by widows. Over 60 per cent of farmers are women. Undernutrition is common owing to poor dietary practices.

8. One of the country's most serious problems is that only about 13 per cent of the total population have access to safe water (about 21 per cent in urban areas and 12 per cent in rural areas). Only a few major cities have drinking water systems with treated surface water, and distribution networks are few, old and in disrepair, heightening the risk of contamination. Inhabitants of rural areas obtain most of their drinking water from rivers, lakes and ponds, supplemented by water from mostly unprotected wells and rainwater collected off the roofs. Urban sanitation and street drainage is very poor; slightly more than half of the population has access to latrines. Diarrhoeal diseases caused by unsafe water and poor hygiene continue to be linked to 40 per cent of deaths in children under five years of age.

9. The system of compulsory general education up to grade five has resulted in a high enrolment rate, which is, however, eventually negated by high repeater and drop-out rates, especially among girls. Curriculum content is poor, facilities are inadequate and there are very few teaching aids. Although many teachers were trained in crash courses between 1979 and 1983 to make up for the loss of teachers, the country still suffers from a shortage of qualified teachers. Training is poor, with little reference to educational advances made in the past 15 years in the outside world.

10. Amidst this very fragile social structure, the present generation of children is already at extremely high risk of physical, mental and social deprivation owing to the conditions of abject poverty, the breakdown of the traditional extended family and the lack of knowledge and experience in basic health, hygiene and child care. The risk is further heightened by the exposure of children to the physical and psychological dangers of the armed conflict that continues in some regions.

PROGRAMME COOPERATION, 1990-1991

11. UNICEF assistance in 1990 continued to promote greater convergence of basic services in the 11 most populous provinces in the centre and south, around Phnom Penh, where 75 per cent of the population lives. However, programme implementation and performance were affected by deteriorating security, financial difficulties, the ensuing shift from social priorities to security concerns, the diversion of limited resources to defence and the consequent inability of the governing machinery to sustain activities.

Expanded programme on immunization

12. The programme has grown rapidly since its inception in 1986, operating now in all 21 provinces of the country, with security constraints restricting activities to about 1,000 out of 1,500 subdistricts. At the present time, owing to the concentration of population in 11 provinces, over 70 per cent of children under one year of age are permanently served by the expanded programme on immunization (EPI). In 14 provinces, reported EPI coverage was approximately 60 per cent for all antigens in 1989. In the remaining seven provinces where services are delivered through campaigns, coverage was estimated at 40 per cent. A survey in the capital and a neighbouring province showed that the level of knowledge and skills of health personnel was satisfactory, but that the logistics and distribution systems needed to be reorganized and improved.

13. To prevent injection-site abcesses and serum-transmissible viruses such as Hepatitis B and acquired immunodeficiency syndrome (AIDS), large volumes of sterilization equipment have been procured and EPI workers have been trained to ensure the proper hygienic administration of vaccines.

14. Since EPI is the only programme with community outreach and national coverage, programmes for the control of diarrhoeal diseases (CDD) and ARI are being integrated into the existing EPI infrastructure.

Maternal and child health

15. In 1990, UNICEF assisted the national maternal and child health (MCH) service in the pre-implementation phase. UNICEF supported the production of a manual for the management of obstetric problems, maternal health cards to monitor the course of a pregnancy, posters for maternal education and a manual for traditional birth attendants (TBAs). State midwives of eight provinces were upgraded to become trainers of commune-level midwives and TBAs. In eight provinces, 15 districts have already completed training at the village level.

16. Rehydration, immunization, nutrition and education (RINE) centres have become integrated centres of MCH care, where pre-natal and post-natal services are delivered and promoted. As MCH activities continued, implementors found that mothers requested information and services on birth spacing, as a priority need. In response, health authorities recently requested UNICEF assistance for a study on how to develop a birth-spacing policy.

17. A major strategy of the women in development programme has been to utilize the strong mobilization capacity of the Cambodian Women's Association as part of their programme mobilization. Child health activities formerly concentrated in provincial RINE centres were implemented at the village level to improve coverage. Through the essential drugs programme, drugs and equipment for 112 district health centres and 1,010 commune infirmaries have been directed to rural areas.

Communicable disease control

18. UNICEF continues to support the malaria control programme through the training of personnel and the provision of laboratory supplies, drugs and expertise. As a result of poor environmental and hygienic conditions, diseases such as tuberculosis and dengue haemorrhagic fever also continue to be major health threats, especially for children. Apart from providing acutely needed materials for curative treatment, UNICEF, together with non-governmental organizations (NGOs), is discussing long-term preventive strategies against dengue fever with the authorities.

Essential drugs

19. In 1990, UNICEF continued to supply basic drugs such as aspirin, deworming medicine, iron and vitamin A supplements, and over 1,000 subdistrict infirmaries and 112 district health centres received essential drug kits. Oral rehydration salts (ORS) were delivered to all provinces for distribution through hospitals and health centres, covering about 60 per cent of total needs.

Health planning and management

20. UNICEF support to health planning and management has increased in line with the UNICEF strategy to support capacity-building and sustainability. Personnel training and the improvement of management and supervision systems are incorporated into all components of the health programme.

Nutrition

21. The family food production project is rapidly gaining momentum. In 1990, over 4,300 families joined the programme, increasing the coverage to 11,000 families in 242 villages in 10 provinces, 108 schools and teacher-training colleges, 34 RINE centres in 12 provinces and in the Central College for Health Workers at Phnom Penh.

22. Families continue to receive basic agricultural inputs in the form of vegetable and fruit seeds and seedlings, agricultural tools, poultry, pigs, etc. The rural water supply component project provided water for crop irrigation and household use. In 1990, almost 1,000 family, communal and school ponds were dug, 3,000 water jars were distributed and 162 hand-dug wells were fitted with cement rings.

23. Efforts have been made to improve the technical level of the project. Two mobile teams from the Ministry of Agriculture provide extension services to provinces on a monthly basis. Monitoring forms have been designed and are completed for every visit. Training, both local and international, is an integral part of the project and, in 1990, family food production extension seminars were organized jointly by UNICEF and the Australian Catholic Relief in three provinces and will be expanded to other provinces in 1991. Agricultural personnel have attended courses and participated in study tours to the Lao People's Democratic Republic, the Philippines and Thailand.

Rural water supply and sanitation

24. Following an initial rehabilitation phase, attention was turned to providing drinking water supplies for the rural population and improving sanitation. In villages with at least 160 to 200 inhabitants, wells were dug or rehabilitated and equipped with hand-pumps. Safe, year-round, country-wide drinking water supply coverage has increased in Cambodia from about 3 to 13 per cent, with coverage varying from province to province. The project continues to focus on rural communities in six provinces and the municipality of Phnom Penh, covering about 47 per cent of the total population. From 1988 to 1990, more than 2,300 hand-pumps were installed in newly drilled boreholes or rehabilitated manually dug wells. Caretakers of the tube-wells were trained in maintenance and simple repair.

25. In 1989, a local adaptation of the Bangladesh No. 6 suction pump was produced at Phnom Penh and current production capacity is 300 to 400 pumps per year. First steps were taken to develop a new type of pump in 1990 to replace the expensive India Mark II hand-pump and a Phnom Penh factory is expected to start production in early 1991. About 100 boreholes were drilled in 1990 with a cost-effective upgraded manual drilling rig (about $5,000 to $6,000 per rig), around Phnom Penh and in selected provinces with limited accessibility.

26. Training activities focused on increasing the capacity of technical personnel. Training in drilling techniques and well construction, as well as maintenance and repair, was given to technicians at provincial and central levels. Planning and monitoring at central and provincial levels were improved by actively involving national personnel in the preparation of annual plans of action.

27. Latrine construction has been part of the programme on a pilot basis since 1985, and some 1,100 latrines have been constructed and installed in provinces. The coverage of sanitary facilities for excreta disposal in rural areas has not improved significantly. Tradition and a lack of understanding about the link between health and hygiene hamper progress, and hygiene and health education have so far had limited impact. Efforts have been made to involve women in the programme through the participation of community-based members of the Women's Association in hygiene education and by encouraging women to become pump caretakers. Difficulties such as the security situation and the suspension of fuel supplies slowed the implementation rate of the otherwise successful water programme in 1990.

Primary education

28. As a follow-up to the World Conference on Education for All, UNICEF provided a resource person at training and orientation sessions for policy makers and professionals in education. A document was also produced and translated into Khmer. In 1990, NGOs such as Redd Barna (Save the Children (Norway)) and Save the Children (Australia) increased their participation in education jointly with UNICEF.

29. Over the years, UNICEF, as one of the few agencies involved in education, has assisted the rehabilitation of schools and teacher-training institutes and the production of teaching materials, including textbooks. As a result, the present production capacity of 500,000 textbooks per year will be fully utilized in 1990, although it is still far below the minimum annual requirement of 2 million textbooks. In 1990, possibilities for reproducing and distributing reading materials at the provincial level were studied and the resulting recommendations will be implemented in 1991.

30. A review of primary education curricula revealed serious shortcomings in subjects such as health, nutrition, education and sciences. In general, the review indicated inadequate teaching methodologies and limited pedagogical knowledge and skills among teachers. A major effort to improve the quality of teaching was initiated in 1990, and seminars and workshops, providing external expertise, are being organized with UNICEF as a facilitator.

Women in development

31. Assistance to women in development, through the Cambodian Women's Association, continued to be a major UNICEF focus. Emphasis has been placed on income generation, the major concern of disadvantaged women and families, and child-care and functional literacy components have been added. The most important development regarding assistance to the women's project, however, is in management and supervision. The Central Committee of the Women's Association reorganized personnel to better supervise and monitor projects of women's associations at the provincial level. Efforts were made to promote and facilitate coordination between the Women's Association and the Ministries of Health and Agriculture.

RECOMMENDED PROGRAMME COOPERATION, 1992

Recommended general resources: $3,000,000
Supplementary funds: $9,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	300	3 500	3 800
Water supply and sanitation	-	2 400	2 400
Nutrition	60	180	240
Household food security	180	600	780
Education	300	1 350	1 650
Women-centred programme	120	440	560
Children in especially difficult circumstances	84	180	264
Advocacy	60	150	210
Planning and social statistics	-	200	200
Programme support	1 680	-	1 680
Unallocated	216	-	216
Total	3 000	9 000	12 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In additi ı, there are also funded supplementary funding projects shown in table 3.

Strategy of UNICEF cooperation

32. The objectives of the current programme continue to be the reduction of maternal, infant and child mortality rates, the protection and improvement of the well-being of children and women through sustainable development actions and appropriate child spacing to protect the health of the mother and child. In pursuit of these objectives, emphasis will be given to disparity reduction, capacity-building, community participation, communication and social mobilization, empowerment of women, convergence of services, monitoring and evaluation and joint programming with NGOs.

Health

Integrated primary health care

33. In order to increase access, utilization and quality of health care, a sustainable primary health care (PHC) approach will be developed and implemented in selected provinces. Area-based programmes will be designed to include community participation through an integrated framework involving projects such as water supply, women in development and family food production.

34. Workshops and in-service training sessions on PHC principles and approaches will be organized for central, provincial and district officials with appropriate technical assistance. These activities will be supported by appropriate communications and social mobilization interventions. Elements of the area-based programme are: (a) upgrading the infrastructure for basic health services, which will include the renovation of buildings and the provision of water supply and latrines; (b) the provision of furnishings, equipment and supplies; (c) the provision of bicycles, motorcycles and vehicles; and (d) the provision of basic storage, maintenance and repair facilities for health equipment and instruments. Health workers at district and commune levels will be retrained on the organization and delivery of basic services, with particular attention to coordinating MCH components and integrating preventive and curative aspects, including health education for mothers and families. Special attention will be given to the training and development of supervisors at provincial and district levels. Staff will also be trained at the provincial, district and commune levels to implement the health information system and to conduct knowledge, attitude and practice studies and other surveys.

Expanded programme on immunization/child health

35. The specific activities envisaged are: (a) the training of health workers in the most populous provinces in the centre and south around Phnom Penh for the delivery of an integrated package of child health services, including EPI, CDD, ARI, malaria and dengue fever; (b) orientation and refresher training on EPI for health workers in the provinces where UNICEF cooperation is concentrated; (c) establishment of an effective and comprehensive network of EPI cold-chain facilities throughout the country, where possible; (d) provision of ORS packets and promotion of home-based oral rehydration therapy; (e) development of guidelines for the case management of ARI and the training of health workers in their use at the periphery and first referral level; (f) promotion and development of appropriate control strategies and case management for malaria and dengue fever; (g) development of the health education component as an integral part of a comprehensive package of child health services; and (h) provision of appropriate supplies and equipment, including vaccines and vaccination equipment, drugs and appropriate material in support of comprehensive child health services.

36. Preparations are under way for an immunization coverage evaluation survey. A 1991 EPI and CDD national training plan is being worked out in collaboration with the World Health Organization. Refrigerators powered by solar energy will be installed at four sites. The distribution system is being streamlined. Disease surveillance and a regular reporting system from the field to the central level will be further improved.

Maternal health

37. To date, the health infrastructure has been too weak to provide a comprehensive maternal health programme. In view of the situation, UNICEF will support the training of secondary midwives at the central training school in Phnom Penh. Supervision of maternal health services at district, subdistrict and commune levels will be supported by helping to establish a system in which two senior midwives will coordinate district-level maternal services and will be responsible for monitoring the activities of all primary midwives. Midwives will be equipped with MCH kits for use in infirmaries. An illustrated manual for TBAs will be developed, tested and distributed to all TBAs upon completion of training. Village activists, women's group leaders and Women's Association personnel will be provided with health education messages to promote pre-natal visits, tetanus toxoid immunization and good nutrition during pregnancy and lactation.

Essential drugs

38. Drug management systems, particularly those supporting MCH, are inadequate, with no therapeutic guidelines, drug protocols or drug information, particularly at the peripheral level. The various pharmacology curricula for training doctors, medical assistants, nurses and midwives require revision and updating to provide for professional prescription and the use of drugs. Managers will be trained at central, provincial, district and commune levels on management and logistics, including drug procurement, storage, inventory control, distribution and utilization/needs planning. Guidelines and protocols will be developed on the standard utilization of essential drugs at commune infirmaries, district health centres and provincial and central hospitals.

Nutrition

Community-based nutrition

39. Since nutrition activities tend to be health-centre based and not always relevant at the village level, this project will address issues of accessibility, availability, outreach, participation and social mobilization at the community level. Activities will include growth monitoring, health and nutrition education and the provision of basic health services. In each village, selected according to established project criteria, a meeting will be organized to raise the awareness of villagers about nutrition issues, explain the programme, form a village committee, select project volunteers and plan for their training. The nutrition surveillance system will be expanded and

improved and linked to the agriculture early warning system used to identify emergency situations. Ten provinces will be covered by the project, which will be assisted by MCH services at the central level.

Family food production

40. The project aims at achieving household food security to improve the nutritional status of children and women in an additional 7,000 families. The introduction of appropriate technologies related to earlier improved palm sugar processing will be further pursued. Sustainability will be enhanced by establishing agricultural nurseries in every province/district covered by the project. Training in both technical activities and project management will continue to be a priority activity. Replicability will be achieved through the operation of revolving loan funds among other things. Support will be given to local industries for the production of agricultural implements and water jars. Data from the community-based nutrition project will be used to monitor and evaluate the family food production project, as well as to develop new strategies and approaches for the project in the 1990s.

Water supply and sanitation

41. The water supply, sanitation and hygiene programme for rural areas will be gradually expanded to the 11 provinces in which UNICEF cooperation is concentrated. Long-term planning will specify annual targets within the framework of water decade goals and take into account the results of the country-wide water supply and sanitation coverage survey to be done in 1991. Some 1,500 new wells will be drilled using upgraded manual drilling techniques. Hand-dug wells will be improved through the installation of plants to remove iron from the water and other appropriate technologies in problem areas. The project will benefit some 375,000 people. About 5,000 family latrines will be installed in selected areas with a design adapted to local conditions. To increase latrine slab production, one production centre will be established or expanded in each province concerned and concrete slabs will be distributed to the community free of charge. Community participation and responsibility are seen as key ingredients for programme success and sustainability. Village water committees will continue to be created in selected districts. Efforts will be made to involve women in all aspects through training and information activities.

42. Government and provincial management staff responsible for programme preparation, implementation and monitoring will be retrained systematically in project management, logistics, monitoring and evaluation. Workshops on appropriate technology for water supply and sanitation in rural areas will be organized using short-term technical assistance. Study tours and in-country experience exchange visits for programme planners and managers from central and provincial levels will be supported.

43. UNICEF will continue to support the provision of adequate supplies of safe water, sanitary and drainage facilities to priority public institutions in rural areas. Around 400 tube-wells, 20 rehabilitated wells and 30

rainwater tanks will be set up and 500 latrines will be constructed. Health education will be emphasized.

Education

44. The immediate priority in the education programme is the establishment of an overall programme management team and the strengthening of planning and management. This will include a review of educational objectives for the country and careful preparation of the priorities and sequence of project activities. There will be continuous monitoring and assessment of the learning situation in primary schools and complementary education centres.

45. Health and nutrition education will be included in the school curriculum whenever possible. A health and nutrition team will be appointed from the health, education and women's sectors to carry out project activities. Other activities include liaison with government officials involved in family food production, community nutrition and the hygiene and sanitation programmes. Teachers will be trained and encouraged to assist in these community projects. Educational programmes using radio and other media will be prepared.

46. In the training of teachers, the focus will be on helping them to achieve greater efficiency, resulting in improved achievement among children. Teachers will have to master the primary school curriculum and be able to use effective teaching and learning methods. To help achieve the objective, facilities in teacher-training institutes will be improved. The education programme will also support the provision of textbooks, teaching aids and learning materials. The upgrading of the learning environment will be supported as well, with physical facilities in primary schools improved to the extent possible.

47. With the cooperation of village and local authorities and religious leaders, efforts will be made to help ensure that young adults, especially women, who did not complete a primary school course, benefit from an improved basic education system. Among the most deprived are members of minority groups, especially in remote areas.

Women in development

48. The Women's Association will play a major role in enhancing functional literacy through the production of materials on children's and women's concerns for neo-literates. Functional literacy groups will be reorganized to improve programme quality and to reach the target population better. The programme will expand qualitatively instead of quantitatively through a pilot programme in provinces where the Women's Association has the greatest potential. Functional literacy will be a component of income-generating activities, and community child care will be expanded. UNICEF will strengthen its cooperation with NGOs serving women and children to maximize service coordination and integration.

Programme communications

49. Activities will include the production of communication materials to support child survival and development messages using Facts for Life material. Training will be provided to extension workers to enable them to develop their communication skills. As in the past year, the Women's Association will be assisted to support CDD, MCH and literacy activities effectively. The production capacity of radio to support health and educational programmes will be strengthened and upgraded.

Children in especially difficult circumstances

50. Programmes will be developed based on the needs assessment survey of children in especially difficult circumstances to be conducted in 1991. Services to these children will be aimed at (a) improving their physical growth and development; (b) guaranteeing their access to education; (c) meeting their special educational needs; and (d) creating social services to improve the home and family environment.

Monitoring and evaluation

51. The mechanisms for monitoring and evaluation used in the past, including periodic meetings with sectoral counterparts, joint assessment reviews and field visits, will be used as and when security conditions allow. A monitoring and evaluation officer will be recruited to improve follow up to UNICEF-supported activities.

Cooperation with other organizations

52. UNICEF, continuing to play the lead agency role among the organizations of the United Nations system, collaborated with the United Nations Development Programme (UNDP) on various fact-finding missions and with the Office of the United Nations High Commissioner for Refugees (UNHCR) in a repatriation plan for Cambodians along the border. UNICEF provided logistic, administrative and informational support to missions of the office of the Special Representative of the Secretary-General.

53. The number of humanitarian agencies operating in Cambodia reached 54 in December 1990; NGOs are coordinated by the Cambodian Consultative Committee. Several donor missions and delegations, including the Australian International Development Aid Bureau, the Swedish International Development Authority and the United Kingdom of Great Britain and Northern Ireland, for example, have visited Cambodia. UNICEF cooperated in briefing several hundred visitors, including politicians, diplomats, government officials, heads and senior members of humanitarian agencies, journalists, researchers and consultants, who have visited Cambodia in the past year.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cambodia (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	200	(1989)	Very high U5MR
Infant mortality rate	127	(1989)	Very high IMR
GNP per capita	..	(1988)	Lower-middle GNP
Total population	8 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	284	224	325	321
Infant deaths (under 1)	(thousands)	44	48	47	41
Under-five deaths	(thousands)	69	74	73	64
Under-five mortality rate (per 1,000 live births)		244	330	226	200
Infant mortality rate (under 1) (per 1,000 live births)		156	212	145	127

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	32*	20*
	Severe	5*	3*
Babies with low birth weight (%, 1979/1987)		..	..
Children completing primary level (% of first grade, 1980/1986)		..	50*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987S)	../../..	100*/ 93*/ 72*
Prevalence of wasting (%, 1980/1985)	..	..
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	84	98
Food production per capita index (Index 1979-1981=100, 1980/1989)	114	145
Household expenditure All food/cereals (% of total income, 1980-1985)		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			6
Access to health services	Total	..	53
(% of population, 1980/1985)	Urban/rural	../..	80/ 50
Access to safe water	Total	..	3*
(% of population, 1980/1985)	Urban/rural	../..	10*/ 2*
Access to adequate sanitation	Total	..	..
(% of population, 1980/1984)	Urban/rural	../..	../ ..
Births attended by trained personnel (%, 1980/1987)		..	47*
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	..	57	58	42
	DPT	..	23	45	22
	Polio	..	26	45	22
	Measles	..	29	38	20
Pregnant women (%) immunized against	Tetanus	..	21	3	22

TABLE 1 (continued)

Cambodia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../ ..	83*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Secondary enrolment ratio (gross/net)	Total	../ ..	37*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Adult literacy rate, 15 years & older	Total	11	29
(%, 1970/1985)	Male/female	../ 23	41 / 17
Radio/television sets			
(per 1,000 population, 1980/1988)		../7	107/8

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	6.9	6.4	7.3	8.1	10.0
Population aged 0-15 years	(millions)	..	2.3	2.6	2.9	4.1
Population aged 0-4 years	(millions)	..	0.4	1.3	1.4	1.3
Urban population (% of total)		12	10	11	11	15
Life expectancy at birth	Total	43	37	46	50	55
(years)	Male	42	36	45	49	53
	Female	44	39	47	51	56
Total fertility rate		5.9	4.6	4.9	4.6	3.9
Crude birth rate (per 1,000 population)		42	38	43	40	28
Crude death rate (per 1,000 population)		21	30	18	16	12

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%, 1976/1987)			
Population annual growth rate	Total	0.3	2.6
(%, 1965-1980/1980-1989)	Urban	1.9	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure, 1980/1988)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	281	18
(1980/1988)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1988)		..	..

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

25 FEB 91

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990

(In thousands of United States dollars)

COUNTRY: CAMBODIA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	502	826	33	70	139		48	38	722	934	1655
Water supply and sanitation	126	818		1	65	129	2	5	194	952	1146
Nutrition	3	50		41			45	105	48	195	243
Education	343	235					17	59	360	294	654
Women-centred programme	54	18		11			7	91	61	120	182
Advocacy	3								3		3
Planning and project	53				514	6	244		811	6	817
GRAND TOTAL	1084	1947	33	122	718	135	364	297	2198	2502	4700

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1992

(In thousands of United States dollars)

Country: CAMBODIA Period covered: 1992	Funding status	1992					Total
Health and childhood disability	GR	300					300
	NSF	3500					3500
Water supply and sanitation	NSF	2400					2400
Nutrition	GR	60					60
	NSF	180					180
Household food security	GR	180					180
	NSF	600					600
Education	GR	300					300
	NSF	1350					1350
Women-centered programme	GR	120					120
	NSF	440					440
Children in especially difficult circumstances	GR	84					84
	NSF	180					
Advocacy	GR	60					60
	NSF	150					150
Planning and social statistics	NSF	200					200
Programme support	GR	1680					1680
Unallocated funds	GR	216					216
TOTAL	GR	3000					3000
	NSF	9000					9000
GRAND TOTAL		12000					12000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CAMBODIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	15	1585
Supplementary funds	4	407
International General Service project posts		
General resources	7	268
Supplementary funds	2	74
Total	28	2334

a/ For information source, see 1992 post authorization table, dated January 1991.